

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 9 - 1957

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 11123 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence* before admission). a. STATE MO b. COUNTY ST LOUIS | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS | | c. LENGTH OF STAY (in this place) ada | | c. CITY OR TOWN OVERLAND | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST Lukes Hosp | | | | e. STREET ADDRESS (If rural, give location) 2350 Addie | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Frederick P. b. (Middle) Matthews c. (Last) | | | | 4. DATE OF DEATH (Month) (Day) (Year) 11-19-57 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH JAN 9-1881 | |
| 9. AGE (In years last birthday) 76 | | 10. IF UNDER 1 YEAR Months Days | | 11. IF UNDER 24 HRS. Hours Mins. | | 9. AGE (In years last birthday) 76 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teller | | 10b. KIND OF BUSINESS OR INDUSTRY BANK | | 11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Thomas MATTHEWS | | 13b. MOTHER'S MAIDEN NAME CATHERINE MEYER | | 14. NAME OF HUSBAND OR WIFE Agnes | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME AGNES MATTHEWS ADDRESS OVERLAND MO | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-V accident ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchopneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 1 day | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331x | | | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Nov 17 , 19 57 , to Nov 19 , 19 57 , that I last saw the deceased alive on Nov 19 , 19 57 , and that death occurred at 1:30 P.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE H.W. Noller (Degree or title) Chaplain | | 23b. ADDRESS 2438 Woodson Rd Overland 14 Mo | | 23c. DATE SIGNED Nov 19, 1957 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 11-21-57 | | 24c. NAME OF CEMETERY OR CREMATORY VALHALLA Cemetery | | 24d. LOCATION (City, town, or county) (State) ST LOUIS CO MO | |
| DATE REC'D BY LOCAL REG. NOV 20 57 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ORTMANN F Home ADDRESS 9222 Lackland | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Al C. Detmann*

Licensed Embalmer No. *3478*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.